

PLACARD RENEWAL/REPLACEMENT REQUEST

Placard Type											
☐ Disability Parking	g Placard 🗖 He	earing Impaire	d Placard								
Request Type											
☐ Renewal * ☐	Replacement (pla	acard was lost	, stolen, destroyed	d or m	utilat	ted; if mut	ilated must be	returr	ned)		
Applicant Name (disabled/hearing impaired person or organization)				Phon			none		Current Placard Number		
					()					
Applicant Mailing Address				City				State Zip			
Organization Representative Name				Title							
☐ Individuals ☐ Organizations	I certify that I am permanently disabled or hearing impaired as stated on my original application for this placard. I certify that this placard is for a vehicle that is primarily used for transportation of physically disabled persons as stated on my original application for this placard.										
Applicant Signature							•		VD agent signatur r replacements)	ure	
	Acknowledged before me this date.					y or MVD A	igent Signature				
		Date	County			State	Commission Exp	oires			
						•	New	Placar	d Number (MVD U	Ise)	